



PERMIT APPLICATION - CONTAMINATED SOIL TREATMENT FACILITY

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 52724 (12-05) AP-118

GENERAL

Name of Firm or Organization		Application Date	
Owner/Official to Contact	Title	Telephone Number	
Mailing Address	City	State	Zip Code

PLANT DATA

Type of Plant <input type="checkbox"/> Permanent <input type="checkbox"/> Portable		Permanent Plant Location ¼ Sec. Twp. Rge			County
Expected Operating Schedule:	Hours/Day	Days/Week	Weeks/Year	Peak Production Season	
Nearest Residences or Buildings (Occupied)			Distance (feet)		Direction

EQUIPMENT

Name of Manufacturer (Dryer or Kiln)				
Model No.	Rated Capacity (Tons/Hour)		Date Manufactured	Date Purchased
Brief Description of Operation of Unit or Process:				
	Manufacturer	Model	BTU/Hr Rating	Fuel Type
Primary Chamber Burner				
Secondary Chamber Burner				
Is temperature control provided for Secondary Chamber burner?		Maximum Temperature °F		Minimum Temperature °F
<input type="checkbox"/> NO <input type="checkbox"/> YES				
Exhaust Fan Manufacturer		Model	Fan Speed (RPM)	Motor Rating (H.P.)
Gas Cleaning Equipment Type <input type="checkbox"/> Wet Scrubber <input type="checkbox"/> Bagfilter <input type="checkbox"/> Other (Describe)				Pressure Drop Through Gas Cleaning Device (_____ H ₂ O)
Gas Cleaning Equipment Manufacturer				Model
Pollutants Removed				
Design Efficiency	%	%	%	%
Operating Efficiency	%	%	%	%
Describe Method Used to Determine Operating Efficiency:				

STACK DATA

Inside Diameter (in)	Inside Rectangular Dimensions (in)	Height Above Grade (ft)	Equipped with Test Ports <input type="checkbox"/> YES <input type="checkbox"/> NO
Gas Temperature at Exit °F	Exit Gas Moisture Content %	Gas Velocity at Exit FPS	Gas Volume SCFM

STACK EMISSIONS

Pollutant	Maximum Emission Rate (lb/hr)	Pollutant Concentration (Specify Units)	Basis of Estimate (If emission factors are used, identify factors and sources)
Particulate			
Hydrocarbons			
Other - Specify			

Describe Collected Air Contaminant Storage and Disposal Method

ATTACH

Brief description and sketch of the gas cleaning device if it is of unusual design, or used in conjunction with other control devices. Show any bypass of the device and specify the conditions under which the bypass is used.

If a stack test has been conducted, attach a copy of the results, date of the test, a description of the techniques used, and the name and address of the organization which performed the test.

Plans, specifications, manufacturer's catalogs or test data for the dryer, burner, collector, and exhaust fans, shall be submitted to the Department upon request.

COMMENTS

Signature of Applicant X	Date
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Submit your application and all documents to:

ND Department of Health
Division of Air Quality
918 E Divide, 2nd Floor
Bismarck, ND 58501-1947

(701)328-5188